

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Beneficiary Choices
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Medicare Plan Accountability Group

DATE: July 5, 2005

TO: All Medicare Advantage (MA) Plans, Part D Plans (PDPs), Cost-Based Organizations and Demonstrations

FROM: Cynthia E. Moreno /s/
Acting Director

SUBJECT: 2006 Medicare Advantage and Part D Enrollment and Payment Systems
Changes Part III --Action

This purpose of this letter is to provide additional technical information to the plans regarding the following items.

- Final Monthly Premium Withholding Report layout
- Reporting of RXID/RXGROUP/RXBIN/RXPCN data
- Enrollment Response file layouts
- Low-income subsidy (LIS) and Late enrollment penalty (LEP) reporting.
- Auto-enrollment information including the formats of the address information provided to PDPs and the dual eligible information provided to MA-PDs

A subsequent letter will provide information related to

- The Plan payment report,
- Accessing CMS systems for eligibility checks,
- Late enrollment penalty reporting and
- TROOP balance reporting.

Monthly Premium Withholding Report (MPWR) – Final Version

We provided a draft layout of this report to you in the May 31, 2005 systems letter. Because there has been a change to which CMS system will be providing the subsidy and late enrollment penalty data, that format has been revised. The low-income subsidy (LIS) payment (and later, the late enrollment penalty) amounts are being removed from the MPWR and will be reported to on a separate report (the Low-Income Subsidy/Late Enrollment Penalty Report – LIS/LEPR). The MPWR layout has been simplified and will only contain members that have elected the premium withholding option. See Attachment A for the revised layout of the MPWR.

The MPWR will be provided once each month and contain information per the chart below.

PAYMENT #	PAYMENT DATE	PAYMENT CONTAINS....	MPWR CONTAINS....
1	January 1, 2006	January Part D capitated and LIS payments from CMS	No report.
2	February 1, 2006	February Part D capitated and LIS payments from CMS + January Withheld premiums from SSA, RRB & OPM	January Withheld premium from SSA, RRB & OPM
3	March 1, 2006	March Part D capitated and LIS payments from CMS + February Withheld premiums from SSA, RRB & OPM	February Withheld premium from SSA, RRB & OPM
4	April 1, 2006	April Part D capitated and LIS payments from CMS + March Withheld premiums from SSA, RRB & OPM	March Withheld premiums SSA, RRB & OPM

IMPORTANT NOTE: In contrast to what was reported to you previously, plans can submit changes to a member's premium payment option at any time. This is to cover situations when a member elects the withhold option, but the monthly benefit is insufficient to allow it. In some cases, this is a temporary condition based on a retroactive enrollment or suspension of benefits. Once the retroactive premiums are directly paid to the plan or the member's benefits resume, the plan can change the premium payment option back to withhold (at the member's request).

To change a member's premium payment option, submit a 72 change transaction with the new value and place an S (for SEP) in the election type field. This is needed to allow MARX to process the option change outside of the annual election period.

Reporting of RXID/RXGROUP/RXBIN/RXPCN Data

Please note that plans WILL NOT report their RXID and RXGROUP numbers on the enrollment and/or change transactions. MARX will not process or store this data submitted on these transactions. These two data elements, along with the RXBIN and RXPCN, will be reported on a separate file format. This format will be defined at a later date.

Plans will continue to report the RXID and RXGROUP numbers for the secondary insurer on the enrollment and/or change transactions.

Transaction Response Files

MARX will provide responses in three ways to transaction files submitted by the plans.

First, upon receipt of batch transactions from a plan, MARX will provide an immediate

e-mail reply that the batch file has been received. This e-mail will be sent to the same User ID address that initiated the batch transmission.

Second, when the batch file is processed (for ALL contracts that were included in the submittal), MARX will send a Batch Completion Status file that contains the following 3 record types:

- The Summary Status record that provides the following information for each Contract (See Attachment B)
 - Total Transactions (the sum of the following three counts)
 - Transactions Accepted
 - Transactions Rejected (processing errors)
 - Transactions Failed (file-level errors)

There is one summary status record per file, it is the first record in the file.

- The Accepted records for every processed transaction in the counts above. This file is similar to the current Reject File that MARX sends to the MA Plans with the addition of two low-income fields so that Plans can apply the appropriate co-payments (see Attachment C). There is one record for each accepted transaction.
- The Rejected records for every processed transaction in the counts above. This file is similar to the current Reject File that MARX sends to the MA Plans (see Attachment D). Plans should resubmit the Rejected Transactions in a subsequent batch transmission. There is one record for each rejected transaction.

NOTE: The Rejected records precede the Accepted records in the Batch Completion Status file. Additionally, the order of the records may not correspond to the order received.

MARX will return failed transactions or files (i.e., those that cannot be processed even for a rejection) by sending a flat file containing these records to the mailbox of the user id that submitted them.

Third, at the end of each week, MARX will send plans a TRR with the following additional fields (See Attachment E)

- Part D Late Enrollment Penalty (LEP) Amount
- Part D LEP Waived Amount
- LEP Subsidy Offset Amount
- Low Income Subsidy (LIS) Part D Premium Subsidy Amount

The Weekly TRR will contain all actions (including notifications that could change the LIS status or the premium payment option of a member from SSA and RRB, and other types of notifications from other systems) since the previous weekly TRR or monthly (i.e., it is NOT cumulative). This file will also include any enrollments, disenrollments or change transactions that were processed for the week.

At the end of each month, MARX will continue to send plans a monthly TRR that reflects all transactions processed for the month (and will contain the four new fields).

For the weeks in which the Monthly TRR is produced, CMS will not produce a Weekly TRR. The time period for the next Weekly TRR will start after Monthly report cutoff to avoid duplicating information

LIS and LEP Reporting

You will be notified regarding LIS amounts on a separate LIS/LEP report. However, until CMS can provide the data in this format, LIS amounts will be provided on the TRR. In all cases, adjustments to LIS will be reported on the MMR. The following table contains the new adjustment reason codes.

ADJUSTMENT REASON CODE	DESCRIPTION
31	Retroactive change to LIS premium amount
32	Retroactive change to estimated LIS cost sharing amount
33	Retroactive change to estimated reinsurance amount
34	Retroactive change to basic Part C premium
35	Retroactive change to rebate amount
36	Part D rate change
37	Part D risk adjustment factor change

On the LISLEP report, the payments apply to all LIS members whether they are directly billed or have elected to have their premiums withheld from monthly annuity checks. See Attachment F for the layout. The following chart describes how this process relates to your capitation and premium payments. The November 2006 payment month is used as an example.

PAYMENT TYPE	PAYMENT OPTION	APPLICABLE REPORT
Nov Capitation	All	Nov MMR
November LIS	All	Nov LISLEP
October Plan Premiums	Withhold	Nov MPWR

Note that withheld premium payments to you will lag behind the capitated payments by one month. The timing of the deductions related to the LEP will be clarified in a future systems letter.

Auto-Enrollment of Full-Benefit Dual Eligibles into PDPs

As described in the May 31, 2005 Systems Letter, CMS will auto-enroll full-benefit dual eligibles into PDPs if they do not choose a Part D plan on their own. CMS will begin the first round of the auto-enrollment process in September, 2005, with the first notification to beneficiaries and PDPs in October, 2005. The forthcoming Chapter 2 of the PDP operational guidance will further explain the process.

Notification of Plans. CMS will create enrollment transactions for auto-enrollments, and submit them to MARX. MARX will generate a transaction reply to PDPs, which is how PDPs will be notified of auto-enrollments. An updated version of the transaction reply file format is provided in Attachment E of this letter.

Key data elements on these auto-enrollment transaction replies are below (the numbers at the left of field name corresponds to the Item number on the transaction reply file format):

- #15 -- Transaction Reply Code – the field will be set to 117 (FBD Auto-Enrollment Accepted)
- #18 -- Effective Date – the field will be set to 20060101 (January 1, 2006) for all full-benefit dual eligibles identified in 2005
- #30 -- Application Date – the field will always be set to October 15, 2005, an artificially early date, so that any beneficiary choice will supersede an auto-enrollment
- #36 -- Election Type – the field will be set to S (SEP)
- #37 -- Enrollment Source – the field will be set to A (auto-enrolled by CMS)
- #39 -- Premium Withhold Option – the field will be set to D (direct billing)

In the future, the effective date will be set as follows. For those who are Medicaid eligible first and subsequently become Medicare eligible, the effective date will be set to the first day of Part D eligibility. CMS will make every effort to identify beneficiaries that fall in this category and notify PDPs of their auto-enrollment prior to their Part D effective date; however, in some instances the effective date may be retroactive.

For those who are Medicare eligible first and subsequently become Medicaid eligible, the effective date will be set to the first day of the second month after CMS generates the auto-enrollment transaction for the individual. In all cases, CMS will populate the effective date field for auto-enrollment transactions for PDPs.

Because the transaction reply does not include address, an Auto-Enrollment Supplemental Report will be created for the PDPs at least monthly that includes beneficiary identifying information and address. See Attachment G for the file format. The file names and information regarding their availability will be provided in an upcoming systems letter.

For the first round of auto-enrollments in the Fall of 2005, MARX will send the transaction reply and supplemental report to PDPs in mid-November. However, we

recognize that PDPs need to be apprised of auto-enrollees to their plan at the same time that beneficiaries are, because beneficiaries will call them. In October, 2005, CMS will provide an additional, one-time notification to each PDP of its first group of auto-enrollees. Please see Attachment H for the file format of the one-time notification of initial auto-enrollments. It is similar to the transaction reply file format; the only difference is the addition of address information. The file names and information regarding their availability will be provided in an upcoming systems letter.

Starting in November, 2005, CMS will limit notification to PDPs to the transaction reply and the Auto-Enrollment Supplemental Reports.

When Beneficiary Changes Plans Prior to Auto-Enrollment Effective Date. CMS will make every effort to provide notification to beneficiaries and PDPs prior to the effective date of a given auto-enrollment transaction. In these cases, beneficiaries will have an opportunity to change Part D plans prior to the effective date.

Beneficiaries change Part D plans by enrolling in a new Part D plan. This action will generate a cancellation transaction reply to the PDP into which the beneficiary had initially been auto-enrolled.

When Beneficiary Affirmatively Declines Part D Benefits. Full-benefit dual eligibles may affirmatively decline Part D benefits altogether. They may do so prior to the auto-enrollment effective date, or once enrolled in a Part D plan. Please note that affirmatively declining is a feature only necessary for full-benefit dual eligibles who are subject to auto-enrollment. Other Medicare eligibles who do not want Part D benefits simply choose not to enroll, or disenroll and choose not to re-enroll in another plan.

To affirmatively decline, full-benefit dual eligibles may contact 1-800-MEDICARE, who will submit a disenrollment transaction to MARX with the Part D Opt-Out Flag set to Y (opt-out of auto-enrollment). In this case, the PDP will be notified via a transaction reply.

The key data element identifying a transaction reply for affirmatively declining is:

- #15 -- Transaction Reply Code – the field will be set to 131 (Part D Opt-Out Accepted)
- #18 -- Effective Date – the field will be set to the first of the month after 1-800-MEDICARE receives the request
- #38 – Part D Opt-Out Flag – the field will be set to Y (opt-out of auto-enrollment)

If the beneficiary calls the PDP into which they have been auto-enrolled or has voluntarily enrolled, either before or after the effective date of enrollment, the PDP must submit a disenrollment transaction. The key data elements on the disenrollment transaction to provide in this case are:

- #14 -- Effective Date – set the field to the first of the month after the PDP receives the request
- #24 – Part D Opt-Out Flag – set the field to Y (opt-out of auto-enrollment)

Please note that a full-benefit dual eligible individual who affirmatively declines does not permanently surrender his or her eligibility for, or right to enroll in, a Part D plan; rather, this step ensures the person is not included in future monthly auto-enrollment processes. To obtain Part D benefits in the future, the beneficiary simply enrolls in a Part D plan.

When the Beneficiary Has Employer Subsidy. Full-benefit dual eligibles will be auto-enrolled even if there is an employer subsidy being claimed for them. For most beneficiaries, MARX enforces a two-step process for an enrollment transaction: the initial one is rejected, and the plan must re-submit the enrollment transaction and set the Employer Subsidy Override Flag to indicate the plan has discussed the consequences of Part D enrollment (i.e. possible loss of employer health coverage) with the beneficiary before MARX accepts the employer subsidy override. This two step process will not apply to auto-enrollment transactions for full-benefit dual eligibles. However, it will apply to full-benefit dual eligibles with an employer subsidy who *voluntarily* enroll in a Part D plan.

MA and Cost Plan Auto-Enrollment of Full-Benefit Dual Eligibles

As noted in the 2006 MA Call Letter released in May 2005, and the next scheduled update of Chapter 2 of the MA Guidance (see specifically sections 20.4.6 and 40.1.6), CMS has delegated auto-enrollment of full-benefit dual eligible beneficiaries to MA organizations and to cost plans that offer Part D as an optional supplemental benefit. Full-benefit dual eligibles will be auto-enrolled by the plan into the MA-PD or cost plan optional supplemental benefit with the lowest Part D premium; if there are more than one that meet this criteria, auto-enrollment will be random among those available. Please note the instructions for these organizations differ from those above for PDPs.

Identifying Full-Benefit Dual Eligible Enrollees. The first step in auto-enrollment is for the MA-only plan or cost plan offering a Part D optional supplemental benefit to identify full-benefit dual eligibles who need to be auto-enrolled. CMS is aware that MA-only and cost plans may be unable to identify all of their enrollees who are full-benefit dual eligibles. As in the past, CMS will continue to provide data on the MMR (field #19-Medicaid) that indicates if an individual is dual eligible. However, this field does not distinguish between full-benefit dual eligibles that have comprehensive Medicaid benefits, and partial eligibles, who only have Medicaid payment for Medicare cost-sharing (also known as QMB-only, SLMB-only, or QI). Only full-benefit dual eligibles will be auto-enrolled.

From September, 2005 through March, 2006, CMS will provide monthly to MA organizations a file of their full-benefit dual eligibles. Please see Attachment I for the file format. MA-PDs will access the CMS Data Center to download the report. The file names and information regarding their availability will be provided in an upcoming systems letter. The data on full dual eligible status will be obtained from monthly MMA files State Medicaid Agencies submit to CMS.

CMS will provide the same data to cost plans that offer Part D as an optional supplemental benefit, who will then determine which full-benefit dual eligibles need to be auto-enrolled.

Submitting An Auto-Enrollment Transaction. Once the MA-only or cost plan identifies (1) the full-benefit dual eligibles who need to be auto-enrolled, and (2) the MA-PD plan or cost plan optional supplemental benefit into which the beneficiaries will be auto-enrolled, the plan must submit enrollment transactions to MARX.

When submitting the enrollment transactions, provide the key information as follows.

- #9 -- Election Type – set the field to S (SEP)
- #11 -- Application Date – set the field to 10/15/2005
- #14 -- Effective Date – set the field to 20060101 (January 1, 2006) for all full-benefit dual eligibles identified in 2005. In the future, set the effective date as the first of the second month after the plan generates the auto-enrollment transaction for the individual. (This allows the beneficiary some time in case they wish to decline the auto-enrollment or enroll in another plan.)
- #18 -- Premium Withhold Option – set the field to D (direct billing) unless the member has elected the option to have premiums withheld from benefits.
- #30 -- Enrollment Source – the field will be set to B (Beneficiary Election; while this is an auto-enrollment, currently the value of “A – auto-enrolled by CMS” can only be used by CMS-generated auto-enrollments); even though the plan is enrolling the beneficiary.

When Beneficiary Affirmatively Declines Part D Benefits. Full-benefit dual eligible individuals may affirmatively decline the Part D benefit. For an MA-only plan enrollee, this primarily means declining auto-enrollment into an MA-PD plan in the same organization and maintaining enrollment in the MA-only plan. For a cost plan enrollee, this means declining auto-enrollment into the Part D optional supplemental benefit.

Full-benefit dual eligibles may affirmatively decline Part D benefits prior to the auto-enrollment effective date, or even once enrolled in a Part D plan. Please note that affirmatively declining is a feature only necessary for full-benefit dual eligibles who are subject to auto-enrollment. Other Medicare eligibles who do not want Part D benefits simply choose not to enroll, or disenroll and choose not to re-enroll in another plan.

If the beneficiary contacts the MA plan to affirmatively decline prior to or after the auto-enrollment effective date, the plan submits a 71 transaction to move the member to an MA-only plan offered by the organization.

If the beneficiary contacts the cost plan to affirmatively decline prior to or after the effective date of the auto-enrollment, the plan must submit a disenrollment transaction followed by an enrollment transaction. The key data elements to provide in these situations are listed below.

- #14 -- Effective Date – set the field to the first of the month after the plan receives the request

- #24 – Part D Opt-Out Flag – set the field to Y (opt-out of auto-enrollment)

The MA or cost plan will then receive a transaction reply code of 131.

Please note that a full-benefit dual eligible individual who affirmatively declines does not permanently surrender his or her eligibility for, or right to enroll in, a Part D plan; rather, this step ensures the person is not included in future monthly auto-enrollment processes. To obtain Part D benefits in the future, the beneficiary simply enrolls in a Part D plan. MA organizations must maintain documentation of the beneficiary's request to affirmatively decline Part D and to not include them in future auto-enrollment processing.

When the Beneficiary Has Employer Subsidy. Full-benefit dual eligibles will be auto-enrolled even if there is an employer subsidy being claimed for them, or are in an employer sponsored MA or cost plan, including “800” plans. For most beneficiaries, MARX enforces a two-step process for an enrollment transaction: the initial one is rejected, and the plan must re-submit the enrollment transaction and set the Employer Subsidy Override Flag to indicate the plan has discussed the consequences of Part D enrollment (i.e. possible loss of employer health coverage) with the beneficiary before MARX accepts the employer subsidy override. This two step process will not apply to auto-enrollment transactions for full-benefit dual eligibles. However, it will apply to full-benefit dual eligibles with an employer subsidy that *voluntarily* enroll in a Part D plan. In both situations, two transactions must be submitted. However, for full-benefit dual eligibles, the plan does not need to contact the beneficiary prior to submitting the second transaction.

Facilitated Enrollment for Other Beneficiaries Eligible for Low-Income Subsidy

In the Spring of 2006, CMS will facilitate enrollment of other beneficiaries eligible for the low-income subsidy (LIS), i.e. who are not full-benefit dual eligibles. CMS will delegate facilitated enrollment to MA-only plans and cost plans that offer a Part D optional supplemental benefit.

Many of the procedures outlined above will apply to facilitated enrollment. The primary differences are:

- When the process first commences
- Effective date will always be prospective, and linked to valid enrollment period
- Beneficiaries with employer subsidy or enrolled in an employer sponsored MA or cost plan, including “800” MA plans, will be *excluded* from facilitated enrollment.

Detailed instructions for facilitated enrollment will be provided in a future systems letter.

Contact Information

CMS is providing a technical customer support mechanism for all of our external customers. The Customer Support for Medicare Modernization (CSMM) will provide

you with quality support for all of your connectivity needs, as well as aid in resolving technical application needs. The CSMM is currently available via a toll-free line, 1-800-927-8069, and email, mmahelp@cms.hhs.gov. In the near future, there will also be a website available. We will provide the website internet address as soon as it is available.

In addition, if you have questions relating to the auto-enrollment process, please contact Sharon Donovan on 410.786.2561.

If you have questions regarding the material contained in this letter, please contact the central office staff person assigned to the area where your plan is located. See Attachment J.

ATTACHMENT A

MONTHLY PREMIUM WITHHOLDING REPORT (MPWR)

Monthly Premium Withholding Report - Data File Effective with Payment Date February 1, 2006				
#	Field Name	Len	Pos	Description
	HEADER RECORD			
1	Record Type	2	1-2	H = Header Record PIC XX
2	MCO Contract Number	5	3-7	MCO Contract Number PIC X(5)
3	Payment Date	8	8-15	YYYYMMDD First 6 digits contain Payment Month PIC 9(8)
4	Report Date	8	16-23	YYYYMMDD Date this report created PIC 9(8)
5	FILLER	142	24-165	Spaces
	DETAIL RECORD			
1	Record Type	2	1-2	D = Detail Record PIC XX
	*** PLAN IDENTIFICATION			
2	MCO Contract Number	5	3-7	MCO Contract Number PIC X(5)
3	Plan Benefit Package Id	3	8-10	Plan Benefit Package Id PIC X(3)
4	Plan Segment Id	3	11-13	PIC X(3)
	*** BENEFICIARY IDENTIFICATION & PREMIUM SETTINGS			
5	HIC Number	12	14-25	Member's HIC # PIC X(12)
6	Surname	7	26-32	PIC X(7)
7	First Initial	1	33	PIC X

Monthly Premium Withholding Report - Data File
Effective with Payment Date February 1, 2006

#	Field Name	Len	Pos	Description
8	Sex	1	34	M = Male, F = Female PIC X
9	Date of Birth	8	35-42	YYYYMMDD PIC 9(8)
10	Premium Payment Option	3	43-45	Premium Payment Option in effect for this Pay Month "SSA" = Withholding by SSA "RRB" = Withholding by RRB "OPM" = Withholding by OPM PIC X(3)
11	FILLER	1	46	Space
	*** PREMIUM PERIOD			
12	Premium Period Start Date	8	47-54	Starting Date of Period Premium Payment Covers YYYYMMDD PIC 9(8)
13	Premium Period End Date	8	55-62	Ending Date of Period Premium Payment Covers YYYYMMDD PIC 9(8)
14	Number of Months in Premium Period	2	63-64	PIC 99
	*** ACTIVITY FOR PREMIUM PERIOD			
15	Part C Premiums Collected	8	65-72	Part C Premiums Collected for this beneficiary, plan and premium period A negative amount indicates a refund by withholding agency to beneficiary of premiums paid in a prior premium period PIC -9999.99
16	Part D Premiums Collected	8	73-80	Part D Premiums Collected (excluding LEP) for this beneficiary, plan and premium period A negative amount indicates a refund by withholding agency to beneficiary of premiums paid in a prior premium period PIC -9999.99

Monthly Premium Withholding Report - Data File
Effective with Payment Date February 1, 2006

#	Field Name	Len	Pos	Description
17	Part D Late Enrollment Penalties Collected	8	81-88	Part D Late Enrollment Penalties Collected for this beneficiary, plan and premium period A negative amount indicates a refund by withholding agency to beneficiary of penalties paid in a prior premium period PIC -9999.99
18	FILLER	77	89-165	Spaces
	TRAILER RECORDS			
1	Record Type	2	1-2	T1 = Trailer Record, Withheld Totals at Segment Level T2 = Trailer Record, Withheld Totals at PBP Level T3 = Trailer Record, Withheld Totals at Contract Level PIC XX
	*** PLAN IDENTIFICATION			
2	MCO Contract Number	5	3-7	MCO Contract Number PIC X(5)
3	Plan Benefit Package Id	3	8-10	Plan Benefit Package Id Not populated on T3 records PIC X(3)
4	Plan Segment Id	3	11-13	Not populated on T2 or T3 records PIC X(3)
	TOTAL COLLECTIONS FOR ALL PREMIUM PERIODS			Total Withholding Collections by Contract, Plan and Segment for this Premium Withholding Report
5	Total Part C Premiums Collected	14	14-27	PIC -9(10).99
6	Total Part D Premiums Collected	14	28-41	PIC -9(10).99
7	Total Part D Late Enrollment Penalties Collected	14	42-55	PIC -9(10).99

Monthly Premium Withholding Report - Data File
Effective with Payment Date February 1, 2006

#	Field Name	Len	Pos	Description
8	Total Premiums Collected	14	56-69	Total Premiums Collected = + Total Part C Premiums Collected + Total Part D Premiums Collected + Total Part D Penalties Collected PIC -9(10).99
9	FILLER	95	70-165	Spaces

ATTACHMENT B
BATCH COMPLETION STATUS SUMMARY RECORD

#	Field Name	Len	Pos	Description
1	Batch Completion Status Summary Record	12	1-12	Content: “#BATCHDSPSTN”
2	Batch ID	12	13-24	MARx System Assigned
3	Batch Run Start Date	10	25-34	Format: YYYY-MM-DD
4	Batch Run Start Time	8	35-42	Format: HH-MM-SS
5	Total Transactions in Batch	8	43-50	Counts, ZZZZZZZ9
6	Transaction Status Accepted	8	51-58	Counts, ZZZZZZZ9
7	Transaction Status Rejected	8	59-66	Counts, ZZZZZZZ9, of rejected transaction records attached
8	Transaction Status Failed	8	67-74	Counts, ZZZZZZZ9
9	FILLER	187	75-261	Future Use
10	End of Status Summary Record	1	262	Content: “,”

**ATTACHMENT C – TRANSACTION RESPONSE FILES
ACCEPTED RECORD**

#	Field Name	Len	Pos	Description
1	Accepted Transaction Record Header	12	1-12	Content: “#ACPTEDTRANS”
2	Transaction Record Counter	8	13-20	Sequential count, ZZZZZZZ9, of rejected records
3	Beneficiary HICN#	12	21-32	From input transaction
4	Beneficiary Surname	12	33-44	From input transaction
5	Beneficiary First Name	7	45-51	From input transaction
6	Beneficiary Middle Initial	1	52	From input transaction
7	Sex	1	53	From input transaction; otherwise blank
8	Birth Date	8	54-61	From input transaction
9	EGHP Flag	1	62	From input transaction; otherwise blank
10	PBP #	3	63-65	From input transaction; otherwise blank
11	Election Type	1	66	From input transaction; otherwise blank
12	Contract #	5	67-71	From input transaction
13	Application Date	8	72-79	From input transaction; otherwise blank
14	Transaction Code	2	80-81	From input transaction
15	Disenrollment Reason	2	82-83	From input transaction; otherwise blank
16	Effective Date	8	84-91	From input transaction; otherwise blank
17	Segment ID	3	92-94	From input transaction; otherwise blank
18	Filler	5	95-99	
19	Prior Commercial Override	1	100	From input transaction; otherwise blank
20	Premium Withhold Option/Parts C-D	1	101	From input transaction; otherwise blank
21	Part C Premium Amount	6	102-107	From input transaction; otherwise blank
22	Part D Premium Amount	6	108-113	From input transaction; otherwise blank
23	Creditable Coverage Flag	1	114	From input transaction; otherwise blank
24	Number of Uncovered Months	3	115-117	From input transaction; otherwise blank
25	Employer Subsidy Enrollment Override Flag	1	118	From input transaction; otherwise blank
26	Part D Opt-Out Flag	1	119	From input transaction; otherwise blank
27	Filler	35	120-154	
28	Secondary Drug Insurance Flag	1	155	From input transaction; otherwise blank
29	Secondary Rx ID	20	156-175	From input transaction; otherwise blank
30	Secondary Rx Group	15	176-190	From input transaction; otherwise blank
31	Enrollment Source	1	191	From input transaction; otherwise blank
32	Filler (MSA Fields – Future Use)	36	192-227	Future Use
33	Part D Premium Subsidy Level	3	228-230	Part D low-income premium subsidy category: ‘000’ = No subsidy, ‘025’ = 25% subsidy level, ‘050’ = 50% subsidy level, ‘075’ = 75% subsidy level, ‘100’ = 100% subsidy level
34	Low-Income Co-Pay Category	1	231	Definitions of the co-payment categories: ‘0’ = none, not low-income ‘1’ = \$2/\$5 (High) ‘2’ = \$1/\$3 (Low) ‘3’ = \$0 (0) ‘4’ = 15%

				'S' = Unknown
35	Filler	13	232-244	
36	'01' Transaction Action Code	1	245	From input transaction; otherwise blank
37	Transaction Reply Codes	15	246-260	Up to five, 3-character transaction reply codes, left justified
38	End of Accepted Transaction Record	2	261-262	Content: “,”

ATTACHMENT D – TRANSACTION RESPONSE FILES REJECTED RECORD

#	Field Name	Len	Pos	Description
1	Rejected Transaction Record Header	12	1-12	Content: “#RJCTEDTRANS”
2	Transaction Record Counter	8	13-20	Sequential count, ZZZZZZZ9, of rejected records
3	Beneficiary HICN#	12	21-32	From input transaction
4	Beneficiary Surname	12	33-44	From input transaction
5	Beneficiary First Name	7	45-51	From input transaction
6	Beneficiary Middle Initial	1	52	From input transaction
7	Sex	1	53	From input transaction; otherwise blank
8	Birth Date	8	54-61	From input transaction
9	EGHP Flag	1	62	From input transaction; otherwise blank
10	PBP #	3	63-65	From input transaction; otherwise blank
11	Election Type	1	66	From input transaction; otherwise blank
12	Contract #	5	67-71	From input transaction
13	Application Date	8	72-79	From input transaction; otherwise blank
14	Transaction Code	2	80-81	From input transaction
15	Disenrollment Reason	2	82-83	From input transaction; otherwise blank
16	Effective Date	8	84-91	From input transaction; otherwise blank
17	Segment ID	3	92-94	From input transaction; otherwise blank
18	Filler	5	95-99	
19	Prior Commercial Override	1	100	From input transaction; otherwise blank
20	Premium Withhold Option/Parts C-D	1	101	From input transaction; otherwise blank
21	Part C Premium Amount	6	102-107	From input transaction; otherwise blank
22	Part D Premium Amount	6	108-113	From input transaction; otherwise blank
23	Creditable Coverage Flag	1	114	From input transaction; otherwise blank
24	Number of Uncovered Months	3	115-117	From input transaction; otherwise blank
25	Employer Subsidy Enrollment Override Flag	1	118	From input transaction; otherwise blank
26	Part D Opt-Out Flag	1	119	From input transaction; otherwise blank
27	Filler	35	120-154	
28	Secondary Drug Insurance Flag	1	155	From input transaction; otherwise blank
29	Secondary Rx ID	20	156-175	From input transaction; otherwise blank
30	Secondary Rx Group	15	176-190	From input transaction; otherwise blank
31	Enrollment Source	1	191	From input transaction; otherwise blank
32	Filler (MSA Fields – Future Use)	36	192-227	Future Use
33	Filler	17	228-244	
34	'01' Transaction Action Code	1	245	From input transaction; otherwise blank
35	Transaction Reply Codes	15	246-260	Up to five, 3-character transaction reply codes, left justified
36	End of Rejected Transaction Record	2	261-262	Content: “,,,”

**ATTACHMENT E – TRANSACTION RESPONSE FILES
WEEKLY/MONTHLY TRANSACTION REPLY REPORT**

Field	Size	Position	Description
1. Claim Number	12	1 – 12	Claim Account Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Name	1	32	Beneficiary Middle Initial
5. Sex Code	1	33	Beneficiary Sex Identification Code 0 = Unknown 1 = Male 2 = Female
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Medicaid Indicator	1	42	1 = Medicaid 0 = No Medicaid
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code
10. County Code	3	50 – 52	Beneficiary Residence County Code
11. Disability Indicator	1	53	1 = Disabled 0 = No Disability
12. Hospice Indicator	1	54	1 = Hospice 0 = No Hospice
13. Institutional/NHC Indicator	1	55	1 = Institutional 2 = NHC 0 = No Institutional
14. ESRD Indicator	1	56	1 = End-Stage Renal Disease 0 = No End-Stage Renal Disease
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code
18. Effective Date	8	63 – 70	YYYYMMDD Format; Present only when the Transaction Reply Code is one of the following: 11, 12, 16, 17, 21 – 23, 38, 52, 80, 82 – 84, 100, 109 and 112
19. WA Indicator	1	71	1 = Working Aged 0 = No Working Aged
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes
23. Filler	1	84	Space
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			

Field	Size	Position	Description
a. Disenrollment Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 14, 18, 84
b. Enrollment Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 83
c. Claim Number (new)	12	85 – 96	Present only when Transaction Reply Code is one of the following: 22, 25, 86
d. Date of Death	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 36, 90, 91, 92
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 35, 71
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 72
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 45, 73
h. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 74
i. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 48, 75
j. Institutional/ NHC End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 49, 76
k. Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 77
l. Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 78
m. Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 79
n. WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 66
o. WA End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 67
p. Part A Reinstatement Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 80
q. Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 81
r. Part B Reinstatement Date	8	85 – 92	YYYYMMDD Format; Present only when Transaction Reply Code is the following: 82
s. SCC	5	85 – 89	Beneficiary Residence State and County Code; Present only when Transaction Reply Code is the following: 85
25. District Office Code	3	97 – 99	Code of the originating district office; Present only when Transaction Type Code is 53
26. Filler	8	100 – 107	Part A Payments are no longer part of the TR data file, this field is now fill space.

Field	Size	Position	Description
27. Filler	8	108 – 115	Part B Payments are no longer part of the TR data file, this field is now fill space.
28. Source ID	5	116 – 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number; present only when transaction type code is 71
30. Application Date	8	124 – 131	The date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD Note: This field was previously filler in MMCS
31. Filler	2	132 – 133	Spaces
MMA fields start here:			MMCS Data file ended with position 133.
32. Out of Area Flag	1	134 – 134	Out of Area Indicator
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits
36. Election Type	1	154 – 154	A = AEP; E = IEP; I = ICEP; S=SEP; O = OEP; N = OEPNEW; T = OEPI MA/MA-PDs have I, A, O, S, N, T PDPs have E, A, and S
37. Enrollment Source	1	155 – 155	A = Auto enrolled by CMS B = Beneficiary Election C = Facilitated enrollment by CMS D = CMS Annual Rollover
38. Part D Opt-Out Flag	1	156 – 156	Y = Opt-out of auto enrollment Blank = No change to opt-out status
39. Premium Withhold Option/Parts C-D	1	157 – 157	D = Direct self-pay S = Deduct from SSA benefits R = Deduct from RRB benefits O = Deduct from OPM benefits N = No premium applicable Option applies to both Part C and D Premiums
40. Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage
41. Creditable Coverage Flag	1	161 – 161	Y = Covered N = Not Covered
42. Employer Subsidy Override Flag	1	162 – 162	Y = Beneficiary is in a plan receiving an employer subsidy, flag allows enrollment in a Part D plan.
43.Filler	35	163 – 197	

Field	Size	Position	Description
44. Secondary Drug Insurance Flag	1	198-198	Type 61 & 71 MA-PD and PDP transactions: Y = Beneficiary has secondary drug insurance N = Beneficiary does not have secondary drug insurance available Blank – Do not know whether beneficiary has secondary drug insurance Type 72 MA-PD and PDP transactions: Y = Secondary drug insurance available N = No secondary drug insurance available Blank = no change
45. Secondary Rx ID	20	199 – 218	Secondary Insurance plan's ID number for beneficiary
46. Secondary Rx Group	15	219 – 233	Secondary Insurance plan's Group ID number for beneficiary
47. EGHP	1	234 - 234	Type 60, 61, 71 transactions: Y = EGHP Blank = not EGHP Type 72 transactions: Y = EGHP N = Not EGHP Blank = no change
48. Part D Subsidy Level	3	235 – 237	Part D low-income premium subsidy category: '000' = No subsidy, '025' = 25% subsidy level, '050' = 50% subsidy level, '075' = 75% subsidy level, '100' = 100% subsidy level
49. Low-Income Co-Pay Category	1	238 – 238	Definitions of the co-payment categories: '0' = none, not low-income '1' = \$2/\$5 (High) '2' = \$1/\$3 (Low) '3' = \$0 (0) '4' = 15% '5' = Unknown
50. Low-Income Co-Pay Effective Date	8	239 - 246	Date co-pay category became effective, YYYYMMDD.
51. Part D Late Enrollment Penalty Amount	8	247 - 254	Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99
52. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99
53. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99

Field	Size	Position	Description
54. Low-Income Part D Premium Subsidy Amount	8	271- 278	Amount of Part D low-income premium subsidy. Format: -9999.99

ATTACHMENT F
LOW-INCOME SUBSIDY/LATE ENROLLMENT PENALTY REPORT

Monthly LIS/LEP Report - Data File				
#	Field Name	Len	Pos	Description
	HEADER RECORD			
1	Record Type	3	1-3	H = Header Record PIC XXX
2	MCO Contract Number	5	4-8	MCO Contract Number PIC X(5)
3	Payment Date	8	9-16	YYYYMMDD First 6 digits contain Payment Month PIC 9(8)
4	Report Date	8	17-24	YYYYMMDD Date this report created PIC 9(8)
5	FILLER	141	25-165	Spaces
	DETAIL RECORD			
1	Record Type	3	1-3	PD = Prospective Detail Record AD = Adjustment Detail Record PIC XXX “Prospective” means Premium Period equals Payment Month reflected in Header Record “Adjustment” means all premium periods other than Prospective
	*** PLAN IDENTIFICATION			
2	MCO Contract Number	5	4-8	MCO Contract Number PIC X(5)
3	Plan Benefit Package Id	3	9-11	Plan Benefit Package Id PIC X(3)
4	Plan Segment Id	3	12-14	PIC X(3)

Monthly LIS/LEP Report - Data File

#	Field Name	Len	Pos	Description
	*** BENEFICIARY IDENTIFICATION & PREMIUM SETTINGS			
5	HIC Number	12	15-26	Member's HIC # PIC X(12)
6	Surname	7	27-33	PIC X(7)
7	First Initial	1	34	PIC X
8	Sex	1	35	M = Male, F = Female PIC X
9	Date of Birth	8	36-43	YYYYMMDD PIC 9(8)
10	FILLER	1	44	Space
	*** PREMIUM PERIOD			
11	Premium Period Start Date	8	45-52	Starting Date of Period Premium Payment Covers YYYYMMDD PIC 9(8)
12	Premium Period End Date	8	53-60	Ending Date of Period Premium Payment Covers YYYYMMDD PIC 9(8)
13	Number of Months in Premium Period	2	61-62	PIC 99
14	Monthly Part D Basic Premium Rate	6	63-68	Monthly Part D Basic Premium Rate Plan's Part D Basic Rate in effect for this premium period Cannot be negative PIC 999.99
15	Low Income Premium Subsidy Percentage	3	69-71	Low Income Premium Subsidy Percentage Subsidy percentage in effect for this premium period Valid values: 100, 075, 050, 025, 000 PIC 999
	*** ACTIVITY FOR PREMIUM PERIOD			
16	Premium Low Income Subsidy Amount	8	72-79	Premium Low Income Subsidy Amount – the portion of the Part D basic premium paid by the Government on behalf of a low income individual A negative amount reflects a retroactive reduction in the amount of premium subsidy owed for premium period PIC -9999.99

Monthly LIS/LEP Report - Data File

#	Field Name	Len	Pos	Description
17	Late Enrollment Penalty Amount	8	80-87	Late Enrollment Penalty Amount – owed by beneficiary for premium period A negative amount reflects a retroactive reduction in the amount of the Part D LEP owed for premium period PIC -9999.99
18	Penalty Low Income Subsidy Amount	8	88-95	Penalty Low Income Subsidy Amount – the portion of the Part D LEP paid by the Government on behalf of a low income individual A negative amount reflects a retroactive reduction in the amount of premium subsidy owed for premium period PIC -9999.99
19	Net Amount Payable to Plan	8	96-103	Net Amount Payable to Plan = + Premium Low Income Subsidy Amount - Late Enrollment Penalty Amount Penalty + Low Income Subsidy Amount A negative amount reflects an amount charged to Plan PIC -9999.99
20	FILLER	62	104-165	Spaces
	TRAILER RECORDS			Totals by Contract, Plan and Segment for this Premium LIS/LEP Report

Monthly LIS/LEP Report - Data File

#	Field Name	Len	Pos	Description
1	Record Type	3	1-3	PT1 = Trailer Record, Prospective Totals at Segment Level PT2 = Trailer Record, Prospective Totals at PBP Level PT3 = Trailer Record, Prospective Totals at Contract Level AT1 = Trailer Record, Adjustment Totals at Segment Level AT2 = Trailer Record, Adjustment Totals at PBP Level AT3 = Trailer Record, Adjustment Totals at Contract Level CT1 = Trailer Record, Combined Totals at Segment Level CT2 = Trailer Record, Combined Totals at PBP Level CT3 = Trailer Record, Combined Totals at Contract Level PIC XXX
	*** PLAN IDENTIFICATION			
2	MCO Contract Number	5	4-8	MCO Contract Number PIC X(5)
3	Plan Benefit Package Id	3	9-11	Plan Benefit Package Id Not populated on T3 records PIC X(3)
4	Plan Segment Id	3	12-14	Not populated on T2 or T3 records PIC X(3)
5	Total Premium Low Income Subsidy Amount	14	15-28	PIC -9(10).99
6	Total Late Enrollment Penalty Amount	14	29-43	PIC -9(10).99
7	Total Penalty Low Income Subsidy Amount	14	44-57	PIC -9(10).99

Monthly LIS/LEP Report - Data File

#	Field Name	Len	Pos	Description
8	Total Net Amount Payable to Plan	14	58-71	Total Net Amount Payable to Plan = + Total Premium Low Income Subsidy Amount - Total Late Enrollment Penalty Amount + Total Penalty Subsidy Amount PIC -9(10).99
9	FILLER	94	72-165	Spaces

ATTACHMENT G
AUTO AND FACILITATED ENROLLMENT ADDRESS FILE (ONGOING)

#	Field Name	Len	Pos	Description
1	HICN#	12	1-12	Beneficiary's Health Insurance Clim Number
2	First Name	30	13-42	Beneficiary's First Name
3	Last Name	40	43-82	Beneficiary's Last Name
4	Middle Initial	1	83	Beneficiary's Middle Initial
5	Date of Birth	8	84-91	Format: YYYYMMDD
6	Sex	1	92	Sex Code: M = Male, F = Female, U = Unknown
7	Contract #	5	93-97	
8	PBP #	3	98-100	
9	Segment #	3	101-103	
10	Low-Income Co-Pay Category	1	104	Low-Income Co-Pay Category: 0 = none, not low-income 1 = \$0, 2 = \$1/\$3, 3 = \$2/\$5, 4 = 15%
11	Enrollment Effective Date	8	105 – 112	Format: YYYYMMDD
12	Beneficiary Address Line 1	40	113 – 152	
13	Beneficiary Address Line 2	40	153 - 192	
14	Beneficiary Address Line 3	40	193 - 232	
15	Beneficiary Address City	40	233 - 272	
16	Beneficiary Address State	2	273 - 274	
17	Beneficiary Zip Code	5	275 - 279	Standard Zip Code
18	Beneficiary Zip Code Extension	4	280 - 283	Zip Code Extension

ATTACHMENT H
ONE-TIME PDP AUTO-ASSIGNMENT NOTIFICATION FILE

Field	Size	Position	Description
1. Claim Number	12	1 – 12	Claim Account Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Name	1	32	Beneficiary Middle Initial
5. Sex Code	1	33	Beneficiary Sex Identification Code 0 = Unknown 1 = Male 2 = Female
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Medicaid Indicator	1	42	1 = Medicaid 0 = No Medicaid
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code
10. County Code	3	50 – 52	Beneficiary Residence County Code
11. Filler	7	53 - 59	Spaces
12.. Transaction Type Code (61)	2	60 – 61	Transaction Type Code
13. Filler	1	62	Space
14. Effective Date (20060101)	8	63 – 70	YYYYMMDD Format; Present only when the Transaction Reply Code is one of the following: 11, 12, 16, 17, 21 – 23, 38, 52, 80, 82 – 84, 100, 109 and 112
15. Filler	1	71	Space
16. Plan Benefit Package ID	3	72 – 74	PBP number
17. Filler	49	75 - 123	Spaces
18. Application Date (20051015)	8	124 – 131	The date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD
19. Filler	30	132 – 161	Spaces
20. Election Type (S)	1	162 – 162	A = AEP; E = IEP; I = ICEP; S=SEP; O = OEP; N = OEPNEW; T = OEPI MA/MA-PDs have I, A, O, S, N, T PDPs have E, A, and S
21. Enrollment Source (A)	1	163 – 163	A = Auto enrolled by CMS B = Beneficiary Election C = Facilitated enrollment by CMS D = CMS Annual Rollover
22. Filler	1	164 – 164	Space

Field	Size	Position	Description
23. Premium Withhold Option/Parts C-D (D)	1	165-165	D = Direct self-pay S = Deduct from SSA benefits R = Deduct from RRB benefits O = Deduct from OPM benefits N = No premium applicable Option applies to both Part C and D Premiums
24. Filler	3	166-168	Spaces
25. Creditable Coverage (N)	1	169-169	Y = Covered N = Not Covered
26. Filler	73	170 – 242	Spaces
27. Part D Subsidy Level	3	243-245	LIS percentage
28. Co-Pay Category	1	246 – 246	Definitions of the 4 Categories: 1. \$0 Full duals that are institutionalized 2. \$1/\$3 Full duals with income equal to or less than 100% FPL 3. \$2/\$5 Other full subsidy eligibles 4. 15% Partial subsidy eligibles
29. Co-Pay Effective Date (20060101)	8	247 – 254	Date co-pay category become effective. Format: YYYYMMDD
30. Beneficiary Address Line 1	40	255 – 294	Beneficiary residence line 1 address.
31. Beneficiary Address Line 2	40	295 – 334	Beneficiary residence line 2 address.
32. Beneficiary Address Line 3	40	335 – 374	Beneficiary residence line 3 address.
33. Beneficiary Address Line 4	40	375 – 414	Beneficiary residence line 4 address.
34. Beneficiary Address Line 5	40	415 – 454	Beneficiary residence line 5 address.
35. Beneficiary Address Line 6	40	455 – 494	Beneficiary residence line 6 address.
36. Beneficiary Address City	40	495 – 534	Beneficiary city of residence
37. Beneficiary Address State	2	535 – 536	Beneficiary state of residence
38. Beneficiary Zip Code	9	537 – 545	Beneficiary residence zip code

ATTACHMENT I
MA-PD AUTO-ASSIGNMENT FULL DUAL NOTIFICATION FILE (ONGOING
THROUGH 3/06)

Field Name	Format	Position	
		Start	End
Contract Number	X(5)	1	5
Run Date	YYYYMMDD	6	13
Filler	X(6)	14	19
HICN/RRB	X(12)	20	31
Surname	X(12)	32	43
First Initial	X(1)	44	44
Gender	9(1)	45	45
Date of Birth	YYYYMMDD	46	53
Filler	X(47)	54	100

ATTACHMENT J
CENTRAL OFFICE CONTACT LIST

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